

Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304
Ruilding Department

## **BUILDING PERMIT Application**

Permit #:\_\_\_\_\_

		Building Department	Application Date:
			Fee:
Permit Type:		Modular Home Duplex Accessory Structure Lawn Sprinkler	□ Deck   □ Electrical   □ Re-Roof   □ Sign
	Bilco Door/Egress W	indow   Tenant Set Up	Other
Address/Loca	ation:		SBL#
Property Own Name (PRINT):			
			Email:
Contractor/Boname (Print):_			
Address:			
Telephone #:		Fax #:	Email:
Insurance Carri	ier:		
Workers Com	p (C105.2 Form): Date	e: Liability(Accord 25	<b>5 Form)</b> :Date:
Site Plan Sub	mitted:	Building Plans Sub	omitted:
Applicant Sig	nature:		Date:
For Department App		Proved Reason for Disappro	oval:
			Date: